



Employer Agreement

Access to Health Insurance

Part One

Complete one agreement for each federal employer identification number (FEIN) or equivalent.

This agreement contains (check (✓) one): ☐ new information ☐ revised information

Effective date of new or revised information: ____ / ____ / ____
mm dd yyyy

| | | | |
|--|-------------------------------|--|------------|
| Legal entity name | | Contact Name | |
| DBA name <i>(fill in this block if the DBA name is different than the legal name)</i> | | DBA address <i>(If the business has more than one address, attach a separate sheet)</i> | |
| Mailing address | | | |
| Street address or PO Box | City | State | Zip |
| Telephone number () | Fax number () | | |

Federal Tax Identification Number or equivalent: _____

Nature of Business: _____

Total number of employees at time of application: _____

Number of employees who are eligible for health insurance: _____

Insurance Health Plan Carrier: _____

Start date for health plan coverage: _____

Health Plan Identification Number: _____

Insurance Representative's Name: _____

Percentage of premium assistance you will pay for each insured group identified here:

_____% Employee ____% Spouse ____% Child(ren)

Please turn over and complete Part Two of the agreement.

Part Two

Terms and Conditions of Employer Agreement

1. It is understood that this is a pilot program resulting from state legislation passed in 2003. Non-identifying data from this pilot program will be provided to the legislature. This program will continue to be offered to employees unless there is legislation to change the current law.
2. The current legislation provides for premium assistance to 1,000 adults who are employees of a small business (2-50 employees), and if enrolled, the spouse of said employee.
3. The Department of Health and Welfare (Department) will pay up to \$100 in premium assistance per month for each eligible employee, and up to \$100 per month on behalf of an employee's spouse who is enrolled. Premium assistance will not exceed the amount for which the employee is responsible. Any remaining premium costs, co-pays, and deductibles will be the responsibility of the employee.
4. Dependent children of eligible employees may also be eligible for premium assistance under the Access to Health Insurance program. The program will pay premiums of up to \$100/child/month with a maximum of \$300/month for three or more children. Any remaining premiums, co-pays, and deductibles for children will be the responsibility of the employee.
5. For an employer to participate, she/he must do **all** of the following:
 - electronically register intent to participate in the Access to Health Insurance program (insurance representative may register for the employer)
 - not offer health insurance coverage at the time of registration
 - willing to offer small group health insurance to all employees
 - pay at least 50% of the premium costs for enrolled employees or 50% of the combined premium costs for the employee and their spouses
 - pay the same % of premium costs of all employees regardless of their participation in the Adult Health Insurance Program
 - employ 2-50 employees
 - have at least one employee who meets the program requirements for premium assistance
6. Employers who participate in the program will be selected on a first-come, first-serve basis, which will be based upon the date and time they electronically register their intent to participate in the program.
7. If the employer's business should exceed 50 employees, employees will no longer qualify for premium assistance.
8. The Department will contact the employer annually to determine if changes have occurred.
9. The employer shall contact the Department immediately if the employer:
 - changes his/her business address
 - disenrolls in a small group health plan
 - closes his/her business and is no longer operational
 - had an employee who was receiving premium assistance but is no longer employed
10. Employer understands that an application for premium assistance may be sent at any time for new employees who are hired. Premium assistance applications must accompany the individual insurance application. Eligibility for premium assistance will be based upon individual program requirements and whether there are available slots in the program.
11. The insurance representative is responsible for all terms of the health plan. All questions concerning the health plan will be directed to the insurance representative.
12. All questions about Access to Health Insurance can be directed to the Adult and Children's Health Insurance Unit at: 1-866-326-2485.

I understand the terms of this agreement and have been given an opportunity to ask questions of the Department of Health and Welfare. I agree to abide by these terms.

Employer's signature

Date